	thics. Yes No	Have you excluded from this report any other assets, "unearned" income, transactions, or liabilities of a spouse or dependent child because they meet all three tests for exemption? Do not answer "yes" unless you have first consulted with the Committee on Ethics.	ıssets, "unearned" in ո? Do not answer "yı		Exemptions	
÷	e Yes ☐ No ✔	Details regarding "Qualified Blind Trusts" approved by the Committee on Ethics and certain other "excepted trusts" need not be disclosed. Have you excluded from this report details of such a trust benefiting you, your spouse, or dependent child?	roved by the Committ details of such a true	Details regarding "Qualified Blind Trusts" app disclosed. Have you excluded from this repor	Trusts-	
	STIONS	EXCLUSION OF SPOUSE, DEPENDENT, OR TRUST INFORMATION ANSWER EACH OF THESE QUESTIONS	UST INFORMA	I OF SPOUSE, DEPENDENT, OR TR	<b>EXCLUSION</b>	
		schedule attached for each "Yes" response		If yes, complete and attach Schedule V.	If yes, complet	
	d and the appropriate	Each question in this part must be answered and the appropriate	Yes No	Did you, your spouse, or a dependent child have any reportable liability (more than \$10,000) during the reporting period?	V. (more than \$10,0	
		If yes, complete and attach Schedule IX.		If yes, complete and attach Schedule IV.	If yes, complet	
	outside Yes No V	Did you have any reportable agreement or arrangement with an outside IX. entity?	Yes No V	Did you, your spouse, or dependent child purchase, sell, or exchange any reportable asset in a transaction exceeding \$1,000 during the reporting partial?	IV. reportable asset	
		If yes, complete and attach Schedule VIII.		If yes, complete and attach Schedule III.	If yes, complet	
	iling in the	Did you hold any reportable positions on or before the date of filing in the VIII. current calendar year?	Yes No	Did you, your spouse, or a dependent child receive "unearned" income of more than \$200 in the reporting period or hold any reportable asset worth more than \$1,000 at the end of the period?	III. more than \$200 i	
		If yes, complete and attach Schedule VII.		If yes, complete and attach Schedule II.	If yes, complet	
	than \$335 Yes 🗸 No 🗌	Uld you, your spouse, or a dependent child receive any reportable travel or VII. reimbursements for travel in the reporting period (worth more than \$335 from one source)?	Yes No	Did any individual or organization make a donation to charry in lieu or paying you for a speech, appearance, or article in the reporting period?	If. you for a speech	
		If yes, complete and attach Schedule VI.		If yes, complete and attach Schedule I.	If yes, comple	
	ble gift in Stherwise Yes No V	Did you, your spouse, or a dependent child receive any reportable gift in VI. the reporting period (i.e., aggregating more than \$335 and not otherwise exempt)?	Yes 🗸 No 🗆	Did you or your spouse have "earned" income (e.g., salaries or fees) of \$200 or more from any source in the reporting period?	l. or more from an	
		QUESTIONS	H OF THESE C	PRELIMINARY INFORMATION ANSWER EACH OF THESE QUESTIONS	PRELIMINA	_
	more than 30 days late.	Termination Date:	☐ Termination	Annual (May 15)	Report Type	
	A \$200 penalty shall be assessed against anyone who files	Officer Or Employing Office: Employee		Member of the U.S. State: UT House of Representatives District: 01	Filer Status	
ţ	(Office Use Only)	(Daytime Telephone)		(Full Name)		
子 ゴ (	HANNUSE OF THE LEARN OF THE LEARN SENTATIVES	202-225-0453 <b>HA</b>		Robert William Bishop		
× ×	EGISLATIVE RESOURCE CENTER 2011 MAY 16 PM 12: 39	FORM A Page 1 of 4 For use by Members, officers, and employees	NTATIVES EMENT	UNITED STATES HOUSE OF REPRESENTATIVES CALENDAR YEAR 2010 FINANCIAL DISCLOSURE STATEMENT	UNITED ST	

## SCHEDULE I - EARNED INCOME

Name Robert William Bishop

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List the source, type, and amount of earned income from any source (other than the filer's current employment by the U.S. Government) totaling \$200 or more during the preceding calendar year. For a spouse, list the source and amount of any honoraria; list only the source for other spouse earned income exceeding \$1,000.

Source	Туре	Amount
Utah State Retirement System	Educator Pension	\$29,251

	BLOCK A	BLOCK B	BLOCK C	BLOCK D	BLOCK E
Ass	Asset and/or Income Source	Year-End	Type of Income	Amount of Income	Transaction
Identify (a) ea a fair market	Identify (a) each asset held for investment or production of income with a fair market value exceeding \$1,000 at the end of the reporting period,	Value of Asset	Check all columns that apply. For retirement	For retirement accounts that do not allow you to choose	Indicate if asset had purchases
and (b) any c	and (b) any other reportable asset or sources of income which generated more than \$200 in "unearned" Income during the year.	at close of reporting year. If you use a	accounts that do not allow you to choose	specific investments or that generate tax-deferred income	(P), sales (S), or exchanges (E)
Provide com	Provide complete names of stocks and mutual funds (do not use ticker	valuation method other than fair market	specific investments or that generate tax-deferred	(such as 401(k) plans or IRAs), you may check the	exceeding \$1,000 in
symbols.)		value, please specify the method used. If an	income (such as 401(k) plans or IRAs), you may	"None" column. For all other assets, indicate the category	reporting year.
For all IRAs a	For all IRAs and other retirement plans (such as 401(k) plans) that are self-directed (i.e.,plans in which you have the power, even if not	asset was sold and is included only because	check the "None" column. Dividends,	of income by checking the appropriate box below.	
exercised, to	exercised, to select the specific investments), provide the value for each	it is generated income, the value should be	interest, and capital gains,	Dividends, interest, and canital gains even if	
retirement ac	retirement accounts which are not self-directed, provide only the name of the institution holding the account and its value at the end of the	"None."	be disclosed as income. Check "None" if the asset	reinvested, must be disclosed as income. Check	
For rental or oth	For rental or other real property held for investment, provide a complete		during the reporting period.	earned or generated.	
For an owner	For an ownership interest in a privately-held business that is not				
activities, and	publically traded, state the name of the business, the nature of its activities, and its geographic location in Block A.				
Exclude: You vacation hom	Exclude: Your personal residence, including second homes and vacation homes (unless there was rental income during the reporting				
JT	America First CU Accounts Box 9199, Ogden, UT 84409	\$15,001 - \$50,000	INTEREST	\$1 - \$200	
TL	Inveso - AIM Investments	\$1,001 -	DIVIDENDS/CAPI	\$201 - \$1,000	
	Large Cap Growth Fund	\$15,000	TAL GAINS		

## SCHEDULE VII - TRAVEL PAYMENTS AND REIMBURSEMENTS

Name Robert William Bishop

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Identify the source and list travel itinerary, dates, and nature of expenses provided for travel and travel-related expenses totaling more than \$335 received by you, your spouse, or a dependent child during the reporting period. Indicate whether a family member accompanied the traveler at the sponsor's expense, and the amount of time, if any, that was not at the sponsor's expense. Disclosure is required regardless of whether the expenses were reimbursed or paid directly by the spouse or dependent child that is totally independent of his or her relationship to you. sponsor. Exclude: Travel-related expenses provided by federal, state, and local governments, or by a foreign government required to be separately reported under the Foreign Gifts and Decorations Act (5 U.S.C § 7342); political travel that is required to be reported under the Federal Election Campaign Act; travel provided to a

Source	Date(s)	Point of Departure DestinationPoint of Return	Lodging? (Y/N)	Food? (Y/N)	Was a Family ng? Food? Member Included? l) (Y/N) (Y/N)	Days not at sponsor's expense
Heritage Foundation	Jan. 14-15	Jan. 14-15 DC - Charlottesville - DC	<b>~</b>	~	Z	0
US Assn of Former Members of Congress	May 13-14	May 13-14 DC - St Louis - SLC	~	~	Z	0
German Marshall Fund of the US	Jul. 16-18	DC - Dayton - SLC	~	~	Z	0